



Michigan State Housing Development Authority
Compliance Monitoring - Low Income Housing Tax Credit Program

Affidavit of Displacement

Household Name: _____ Bldg/Unit #: _____
Development Name: _____ LIHTC #: _____
Development Address: _____
Owner/Management Agent: _____

Under penalty of perjury, I certify that I am an individual displaced from my home located in a county/parish designated for Individual Assistance by FEMA as a result of Hurricane Katrina.

1. Resident Name: _____ Social Security #: _____
Prior Address: _____
(including county) _____
2. Resident Name: _____ Social Security #: _____
Prior Address: _____
(including county) _____
3. Resident Name: _____ Social Security #: _____
Prior Address: _____
(including county) _____
4. Resident Name: _____ Social Security #: _____
Prior Address: _____
(including county) _____

The undersigned states that the information in this certification is true and accurate to the best of their knowledge and understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Resident	Printed Name of Resident	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The following section is to be completed by Owner/Agent:

Date Temporary Occupancy Began: _____ Date Temporary Occupancy Terminates: _____

I certify that the occupancy dates stated above are true and accurate. This affidavit shall be retained by the owner as part of the resident documentation for at least 6 years after the due date (with extensions) for filing the federal income tax return for the applicable years, pursuant to 26 CFR Section 1.42-5(b)(2).

Signature of Owner/Agent:	Printed Name of Owner/Agent	Date
_____	_____	_____